

Suggestions from Technical Advisory Committee

Operational Process Improvement

Suggestions Highlighting or Emphasizing Important Aspects of Current Process

- Maintain the current process flow of staff screening followed by public comment process and then final decision by Secretary of the Department of Health, or designee. (A-4 and B-5)
- Continue to obtain quality, access, and utilization data, as well as licensure information from other state agencies as it relates to CON applications/applicants. (B-4)
- Retain the current service area definition methodology for use in CON process. (B-6)
- Maintain the mechanism for notifying the public of Letter of Intent and receipt of application, which may trigger submission of competing applications. (D-1)
- Continue to batch competing applications for similar service types and geographic areas into the same concurrent review cycles. (D-4)

Suggestions Based upon Observations Similar to those Cited in JLARC Report

- Assure the availability of sufficient resources (including staff with technical expertise). (B-3)
- Provide a timely, accountable and reasonable process in compliance with existing statute/rule. (D-7)
- Assure consistency of review with reliability among analysts. (E-5)

New Suggestions

- Change the current process flow of staff screening followed by public comment process and then final decision by Secretary of the Department of Health, or designee to: staff preliminary analysis followed by public comment process and final decision by Secretary of Department of Health, or designee. This change would permit written response and public hearing formats to further support public interaction between applicant and decision-maker. (A-4, B-5, and E-2)
- Provide Request-for-Proposal invitations for CON proposals based on service needs determined in the State Health Plan. (D-2)

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- Use CON program plan-driven review cycles which specify certain decision dates and review periods, such as 90-day cycles with decision dates on the 15th of each quarter rather than provider-driven receipt-of-application individual cycles. (D-3)
- Develop additional criteria and standards to address differential factors among competing applications for a defined need that would not support approval of all applications. (D-4, E-4, and F-2)
- Consider the use of expedited abbreviated cycles for applications which comply with the state health plan and have minimal impact on area health services. (D-5)
- Assure that the burden-of-proof is on the applicant to provide documentation of community need and detailed responsiveness to CON criteria and standards. (E-3)
- Explore the potential for negotiation prior to final decision in order to adjust project size, cost and scope to accommodate demonstrated needs (needs to occur prior to ex parte or need to reopen for public comment phase) in lieu of denial/reapplication process. (E-4)
- Utilize planning-based, analytically-oriented, evidence-based health care criteria and standards which are updated at least biennially. (F-1)
- Develop a process for supporting participation in clinical trials of a duly constituted institutional review board of an accredited school of medicine or other health profession designed to assure the safe, appropriate, and cost-effective transfer of new medical technology or services throughout the state. The participation should not alter the bed complement, facility approval, or service approval currently held by the organization seeking approval for participation. (F-5)
- To address the consumer's desire for quality health service by all providers, assure that CON regulation applies to all similar services within a specific category irrespective of owner or type of reimbursement. (F-6)